



March 24, 2014

Ms. Grissel V. Diaz-Cotto
Emergency and Remedial Response Division
United States Environmental Protection Agency
Region II
290 Broadway, 19th Floor
New York, NY 10007-1866

**Re: February 2014 Discharge Monitoring Report
Leachate Treatment Plant, Operable Unit 1
Kin-Buc Landfill Superfund Site**

Dear Ms. Diaz-Cotto:

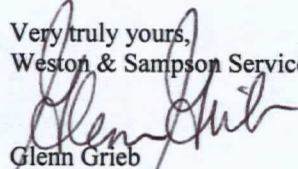
Please find enclosed the February 2014 Discharge Monitoring Report (DMR) for the Leachate Treatment Plant of Operable Unit One at the Kin-Buc Landfill Superfund Site.

Weston & Sampson Services, Inc. would like to confirm the following:

- Effluent parameters sampled throughout the month were within permitted limits.

Should you have any questions concerning this DMR or the Treatment Plant, please contact me at your earliest convenience at the Kin-Buc site.

Very truly yours,
Weston & Sampson Services, Inc. on behalf of SCA Services, Inc.


Glenn Grieb
Plant Manager
Enclosure

Cc: Martha Goodwin – NJDEP
Stephen Joyce – SC Holdings, Inc.
Mark Devine – SC Holdings, Inc.
John A. Bocchino, Jr. – Weston & Sampson Services, Inc.

294332



Connecticut 273 Dividend Road Rocky Hill, CT 06067	Rhode Island 477B Tiogue Avenue Coventry, RI 02816	New Hampshire 100 International Drive Suite 152 Portsmouth, NH 03801	Maine PO Box 189 York, ME 03909	Vermont 96 South Main Street Suite 2 Waterbury, VT 05676	New York 301 Manchester Road Suite 201A Poughkeepsie, NY 12603	Florida 1990 Main Street Suite 750 Sarasota, FL 34236
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When it's essential...it's Weston&Sampson.®

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

MONITORING REPORT - TRANSMITTAL SHEET

NJPDDES NO.
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*						
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*NJ Permit Equivalent

REPORTING PERIOD
M o. Y r. M o. Y r.

0	2	1	4
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0	2	1	4
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PERMITTEE: Name: SCA Services, Inc.
 Address: 383 Meadow Road
 Edison, New Jersey 08817

FACILITY: Name: Kin-Buc Landfill
 Address: 383 Meadow Road
 Edison, New Jersey 08817
 Telephone: 732-572-4743

FORMS ATTACHED (Indicate Quantity of Each)

Operating Exceptions

SLUDGE REPORT-SANITARY
__ T-VWX-007 __ T-VWX-008 __ T-VWX-009
__ EPA Form 3320-1

YES NO
DYE TESTING __ X

SLUDGE REPORT-INDUSTRIAL
__ T-VWX-010A __ T-VWX-010B

TEMPORARY BYPASSING __ X

WASTEWATER REPORTS
__ T-VWX-011 __ T-VWX-012 __ T-VWX-013

DISINFECTION INTERRUPTION __ X

GROUNDWATER REPORTS
__ T-VWX-015(A,B) __ T-VWX-016 __ T-VWX-017
__ ELECTRONIC SUBMISSION

MONITORING MALFUNCTIONS __ X

UNITS OF OPERATION __ X

OTHER __ X

NPDES DISCHARGE MONITORING
1 EPA Form 3320-1

(Detail any "Yes" on reverse side in appropriate space.)

NOTE: The "Hours Attended at Plant" on the reverse of this sheet must also be completed.

AUTHENTICATION I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

LICENSED OPERATOR

Name (Printed) Glenn Grieb
Grade & Registry No. N-4 ; 0021212
Signature _____

PRINCIPAL EXECUTIVE OFFICER OR
DULY AUTHORIZED REPRESENTATIVE

Name (Printed) Glenn Grieb
Title (Printed) Plant Operations Manager
Signature _____

Date March 19, 2014

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

MONTH

0	2
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 YEAR

1	4
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	Licensed Operator	Others
1. Number of employees	10	10
2. Number of vehicles	10	10
3. Number of trips	10	10
4. Number of accidents	10	10
5. Number of violations	10	10
6. Number of citations	10	10
7. Number of complaints	10	10
8. Number of claims	10	10
9. Number of lawsuits	10	10
10. Number of fatalities	10	10
11. Number of injuries	10	10
12. Number of property damage	10	10
13. Number of economic damage	10	10
14. Number of non-economic damage	10	10
15. Number of total damage	10	10
16. Number of total cost	10	10
17. Number of total loss	10	10
18. Number of total claim	10	10
19. Number of total lawsuit	10	10
20. Number of total fatality	10	10
21. Number of total injury	10	10
22. Number of total property damage	10	10
23. Number of total economic damage	10	10
24. Number of total non-economic damage	10	10
25. Number of total damage	10	10
26. Number of total cost	10	10
27. Number of total loss	10	10
28. Number of total claim	10	10
29. Number of total lawsuit	10	10
30. Number of total fatality	10	10
31. Number of total injury	10	10
32. Number of total property damage	10	10
33. Number of total economic damage	10	10
34. Number of total non-economic damage	10	10
35. Number of total damage	10	10
36. Number of total cost	10	10
37. Number of total loss	10	10
38. Number of total claim	10	10
39. Number of total lawsuit	10	10
40. Number of total fatality	10	10
41. Number of total injury	10	10
42. Number of total property damage	10	10
43. Number of total economic damage	10	10
44. Number of total non-economic damage	10	10
45. Number of total damage	10	10
46. Number of total cost	10	10
47. Number of total loss	10	10
48. Number of total claim	10	10
49. Number of total lawsuit	10	10
50. Number of total fatality	10	10
51. Number of total injury	10	10
52. Number of total property damage	10	10
53. Number of total economic damage	10	10
54. Number of total non-economic damage	10	10
55. Number of total damage	10	10
56. Number of total cost	10	10
57. Number of total loss	10	10
58. Number of total claim	10	10
59. Number of total lawsuit	10	10
60. Number of total fatality	10	10
61. Number of total injury	10	10
62. Number of total property damage	10	10
63. Number of total economic damage	10	10
64. Number of total non-economic damage	10	10
65. Number of total damage	10	10
66. Number of total cost	10	10
67. Number of total loss	10	10
68. Number of total claim	10	10
69. Number of total lawsuit	10	10
70. Number of total fatality	10	10
71. Number of total injury	10	10
72. Number of total property damage	10	10
73. Number of total economic damage	10	10
74. Number of total non-economic damage	10	10
75. Number of total damage	10	10
76. Number of total cost	10	10
77. Number of total loss	10	10
78. Number of total claim	10	10
79. Number of total lawsuit	10	10
80. Number of total fatality	10	10
81. Number of total injury	10	10
82. Number of total property damage	10	10
83. Number of total economic damage	10	10
84. Number of total non-economic damage	10	10
85. Number of total damage	10	10
86. Number of total cost	10	10
87. Number of total loss	10	10
88. Number of total claim	10	10
89. Number of total lawsuit	10	10
90. Number of total fatality	10	10
91. Number of total injury	10	10
92. Number of total property damage	10	10
93. Number of total economic damage	10	10
94. Number of total non-economic damage	10	10
95. Number of total damage	10	10
96. Number of total cost	10	10
97. Number of total loss	10	10
98. Number of total claim	10	10
99. Number of total lawsuit	10	10
100. Number of total fatality	10	10

Licensed Operator
Others

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
4	3	8	6	4	4	8	4	2	10	11	4	4	8	6	4
0	4	16	16	16	16	16	0	4	12	12	8	12	8	6	0
17	18	19	20	21	22	23	24	25	26	27	28				
8	8	9	5	0	8	2	8	8	8	8	8				
12	16	16	8	8	8	4	8	16	12	12	8				

PERMITTEE NAME/ADDRESS

NAME
ADDRESS

FACILITY
LOCATION

SCA SERVICES, INC.
383 MEADOW ROAD
EDISON, NEW JERSEY 08817

KIN-BUC LANDFILL
EDISON, NEW JERSEY
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
14	02	01	14	02	28

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.024299	0.032309	MGD	*****	*****	*****	***	***	continuous	flow meter
	PERMIT REQUIREMENT	REPORT	ONLY		*****	*****	*****			continuous	flow meter
pH	SAMPLE MEASUREMENT	*****	*****	***	7.71	*****	8.41	S.U.	0	1/week	grab
	PERMIT REQUIREMENT	*****	*****		6.0	*****	9.0			weekly	grab
PETROLEUM HYDROCARBONS	SAMPLE MEASUREMENT	*****	*****	***	*****	1.10	1.2	mg/l	0	2/month	grab
	PERMIT REQUIREMENT	*****	*****		*****	10	15			2/month	grab
COD	SAMPLE MEASUREMENT	18.61	20.66	kg/day	*****	193	196	mg/l	0	2/month	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT	ONLY			2/month	comp.
BOD	SAMPLE MEASUREMENT	*****	*****	***	*****	2.05	2.40	mg/l	0	2/month	comp.
	PERMIT REQUIREMENT	*****	*****		*****	56	220			2/month	comp.
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	0.24	0.29	kg/day	*****	2.65	2.80	mg/l	0	1/week	comp.
	PERMIT REQUIREMENT	REPORT	ONLY		*****	30	45(1)			weekly	comp.
DISSOLVED OXYGEN	SAMPLE MEASUREMENT	*****	*****	***	6.10	*****	*****	mg/l	0	1/week	grab
	PERMIT REQUIREMENT	*****	*****		4.0 MIN. Instantaneous	*****	*****			weekly	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE		
Glenn Grieb Project Manager							732 572-4743		14 03 19		
TYPED OR PRINTED							AREA CODE NUMBER		YEAR MO DAY		
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)									

PERMITTEE NAME/ADDRESS

NAME

ADDRESS

SCA SERVICES, INC.
383 MEADOW ROAD
EDISON, NEW JERSEY 08817

FACILITY

LOCATION

ATTN:

KIN-BUC LANDFILL
EDISON, NEW JERSEY
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT
PERMIT NUMBER

001
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
14	02	01	14	02	28

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE									
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS												
BENZENE	SAMPLE MEASUREMENT	<0.0000172	<0.0000274	kg/day	*****	0.17	0.26	ug/L	0	2/month	grab									
	PERMIT REQUIREMENT	0.009	0.02		*****	57	134			2/month	grab									
CHLOROBENZENE	SAMPLE MEASUREMENT	<0.0000143	<0.0000190	kg/day	*****	0.2	0.2	ug/L	0	2/month	grab									
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380			2/month	grab									
1,1 DICHLOROETHENE	SAMPLE MEASUREMENT	<0.0000126	<0.0000137	kg/day	*****	<0.13	<0.13	ug/L	0	2/month	grab									
	PERMIT REQUIREMENT	0.003	0.009		*****	22	59			2/month	grab									
ETHYLBENZENE	SAMPLE MEASUREMENT	<0.0000097	<0.0000105	kg/day	*****	<0.10	<0.10	ug/L	0	2/month	grab									
	PERMIT REQUIREMENT	0.022	0.058		*****	142	380			2/month	grab									
TETRACHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000097	<0.0000105	kg/day	*****	<0.10	<0.10	ug/L	0	2/month	grab									
	PERMIT REQUIREMENT	0.008	0.025		*****	52	164			2/month	grab									
TOLUENE	SAMPLE MEASUREMENT	<0.0000256	0.000380	kg/day	*****	0.26	0.36	ug/L	0	2/month	grab									
	PERMIT REQUIREMENT	0.004	0.011		*****	28	74			2/month	grab									
1,2-TRANSDICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000126	<0.0000137	kg/day	*****	<0.13	<0.13	ug/L	0	2/month	grab									
	PERMIT REQUIREMENT	0.004	0.009		*****	25	60			2/month	grab									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE											
Glenn Grieb Project Manager																				
TYPED OR PRINTED																				
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)					732 572-4743		14 03 19											
							AREA CODE NUMBER		YEAR MO DAY											

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

PERMITTEE NAME/ADDRESS

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LOCATION

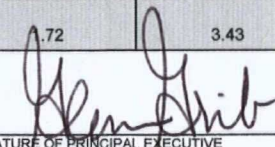
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT		001	
PERMIT NUMBER		DISCHARGE NUMBER	
MONITORING PERIOD			
YEAR	MO	DAY	TO
14	02	01	14 02 28

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TRICHLOROETHYLENE	SAMPLE MEASUREMENT	<0.0000087	<0.0000095	kg/day	*****	<0.09	<0.09	ug/L	0	2/month	grab
	PERMIT REQUIREMENT	0.004	0.010		*****	26	69			2/month	grab
VINYL CHLORIDE	SAMPLE MEASUREMENT	<0.0000128	<0.0000148	kg/day	*****	<0.14	<0.14	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	0.008	0.016		*****	52.8	106			weekly	grab
ACENAPHTHYLENE	SAMPLE MEASUREMENT	<0.0000034	<0.0000038	kg/day	*****	<0.036	<0.036	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(A)ANTHRACENE	SAMPLE MEASUREMENT	<0.0000044	<0.0000048	kg/day	*****	<0.05	<0.05	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(A)PYRENE	SAMPLE MEASUREMENT	<0.0000058	<0.0000064	kg/day	*****	<0.061	<0.061	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(ghi)PERYLENE	SAMPLE MEASUREMENT	<0.0000102	<0.0000116	kg/day	*****	<0.105	<0.110	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
BENZO(k)FLUORANTHENE	SAMPLE MEASUREMENT	<0.0000042	<0.0000046	kg/day	*****	<0.044	<0.044	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)						TELEPHONE		DATE	
Glenn Grieb Project Manager								732 572-4743		14 03 19	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER		YEAR MO DAY	
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)									
		<0.00017									

PERMITTEE NAME/ADDRESS
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT PERMIT NUMBER			001 DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	02	01		14	02	28

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
IDENO(1,2,3cd) PYRENE	SAMPLE MEASUREMENT	<0.0000189	<0.0000211	kg/day	*****	<0.195	<0.200	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.00026	0.00052		*****	1.72	3.43			monthly	grab
PHENANTHRENE	SAMPLE MEASUREMENT	<0.0001406	<0.0003055	kg/day	*****	<1.637	<3.2	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	5.4(2)			weekly	grab
ALDRIN	SAMPLE MEASUREMENT	<0.0000016	<0.0000017	kg/day	*****	<0.017	<0.017	ug/L	0	1/month	grab
	PERMIT REQUIREMENT	0.000133	0.00026		*****	0.0875	0.176			monthly	grab
4,4-DDT	SAMPLE MEASUREMENT	<0.0000024	<0.0000027	kg/day	*****	<0.027	<0.027	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	0.0000578	0.000146		*****	0.38	0.765			weekly	grab
PCB-1242	SAMPLE MEASUREMENT	<0.0000070	<0.0000080	kg/day	*****	<0.08	<0.08	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
PCB-1248	SAMPLE MEASUREMENT	<0.0000070	<0.0000080	kg/day	*****	<0.08	<0.08	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
PCB-1254	SAMPLE MEASUREMENT	<0.0000068	<0.0000078	kg/day	*****	<0.07	<0.08	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE		
Glenn Grieb Project Manager							732 572-4743		14 03 19		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)									

PERMITTEE NAME/ADDRESS

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FACILITY
LOCATION
ATTN:

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EDISON, NEW JERSEY 08817

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CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	02	01		14	02	28

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PCB-1260	SAMPLE MEASUREMENT	<0.000068	<0.000078	kg/day	*****	<0.07	<0.08	ug/L	0	1/week	grab
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	0.5(2)			weekly	grab
ARSENIC	SAMPLE MEASUREMENT	0.0005099	0.0006019	kg/day	*****	5.60	6.10	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.013	0.026		*****	85.8	172			weekly	comp
CADMIUM	SAMPLE MEASUREMENT	<0.0002004	<0.0002319	kg/day	*****	2.2	2.2	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.0073	0.017		*****	48.2	112			weekly	comp
CHROMIUM	SAMPLE MEASUREMENT	0.0004099	0.0004744	kg/day	*****	4.50	4.50	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.030	0.060		*****	198	396			weekly	comp
COPPER	SAMPLE MEASUREMENT	0.0004240	0.0005203	kg/day	*****	4.6	5.5	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	10			weekly	comp
LEAD	SAMPLE MEASUREMENT	0.0001275	0.0001476	kg/day	*****	1.40	1.40	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	REPORT	ONLY		*****	REPORT ONLY	10			weekly	comp
NICKEL	SAMPLE MEASUREMENT	0.0034391	0.0043965	kg/day	*****	37.7	41.7	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.140	0.281		*****	924	1850			weekly	comp
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and I am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE		
Glenn Grieb Project Manager							732 572-4743		14 03 19		
TYPED OR PRINTED							AREA CODE NUMBER		YEAR MO DAY		
COMMENTS AND EXPLANATIONS OF ANY VIOLATIONS		(REFERENCE ALL ATTACHMENTS HERE)									

PERMITTEE NAME/ADDRESS

NAME
ADDRESS

FACILITY
LOCATION
ATTN:

SCA SERVICES, INC.
383 MEADOW ROAD
EDISON, NEW JERSEY 08817

KIN-BUC LANDFILL
EDISON, NEW JERSEY
CARL JANUSZKIEWICZ

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
DISCHARGE MONITORING REPORT

NJ PERMIT EQUIVALENT			001			
PERMIT NUMBER			DISCHARGE NUMBER			
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
14	02	01		14	02	28

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ZINC	SAMPLE MEASUREMENT	0.0016580	0.0019188	kg/day	*****	18.2	18.2	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.177	0.356		*****	1170	2350			weekly	comp
CYANIDE	SAMPLE MEASUREMENT	<0.0003802	<0.0004850	kg/day	*****	4.2	4.6	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	0.002	0.004		*****	13.2	26.4			weekly	comp
ALUMINUM	SAMPLE MEASUREMENT	0.0180532	0.0290990	kg/day	*****	192.3	276.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	1.40	2.81		*****	9240	18500			weekly	comp
IRON	SAMPLE MEASUREMENT	0.0157178	0.0212971	kg/day	*****	170.5	202.0	ug/L	0	1/week	comp
	PERMIT REQUIREMENT	80.6	162		*****	532000	1070000			weekly	comp
ACUTE TOXICITY, (LC50)	SAMPLE MEASUREMENT	QUARTELY	REPORT	***	n/a	*****	*****	%	0		
	PERMIT REQUIREMENT	*****	*****		50(3)	*****	*****			see permit	equivalent
Ammonia	SAMPLE MEASUREMENT	*****	*****	***	*****	0.310	0.540	mg/l	0	*****	*****
	PERMIT REQUIREMENT	*****	*****		*****	4.9	10.0			2/month	comp
	SAMPLE MEASUREMENT	*****	*****	***	*****	*****	*****	***	***	*****	*****
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****			*****	*****
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. 1001 & 33 U.S.C. 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)					TELEPHONE		DATE		
Glenn Grieb Project Manager							732 572-4743		14 03 19		
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